

## MICHIGAN DEPARTMENT OF CORRECTIONS

CAJ-571

**CRITICAL INCIDENT PARTICIPANT REPORT**

7/91

4835-0571

Name of Reporting Employee (Print or type) Last, First, Middle 8/19/2017 Arp, Scott M			Incident Number IBC 63 17
Clock Number [REDACTED]	Date of Report 8/19/2017	Date of Incident 8/19/2017	Job Title Corrections Officer E-9
Time of Incident (Military) 2015	Location of Incident Unit 2 B Upper and B wing base	Role in Incident Escort	

INCIDENT DESCRIPTION – Briefly describe what you saw, heard, said and did during the incident:

I, CO Arp, walked up to cell 2-246. Inside the cell, inmate Cantrell (397429) was yelling "You guys are gonna have to come and get me. I will beat all your asses." Officer Heilig told Cantrell to turn around and cuff up. Inmate Cantrell said "Fuck you. I need to talk to a Sgt now." Sgt Stump approached the cell and told inmate Cantrell to cuff up. Inmate Cantrell was noncompliant until Officer Earegood activated his ECD without deployment. Heilig applied restraints and I escorted inmate Cantrell with Officer Heilig. Cantrell tried pushing his weight into Officer Heilig when we were walking him down the stairs. Cantrell would not let me get a more secure hold, so we placed him on the ground to regain better control and compliance. Cantrell stood up and we escorted him to unit 8 without further incident.

CO Arp  
8/19/17

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Prisoners involved in incident (Last name, prison number and lock):

1. Cantrell 397429, 2-246B
2. NA
3. NA
4. NA

5. NA
6. NA
7. NA
8. NA

Prisoner witnesses if known (Last name, prison number and lock):

1. NA
2. NA
3. NA
4. NA

5. NA
6. NA
7. NA
8. NA

Employee witnesses, if known (Last name and clock number):

1. Heilig
2. Earegood
3. Gose
4. Stump

5. Verhaar
6. Kammers
7. NA
8. NA

Medical assistance rendered? ☐ Yes ☒ NoMisconduct / Notice of Intent Written? ☐ Yes ☒ No

Doctor or PA (Full Name and Clock Number): NA

RN or LPN in charge ( Full Name and Clock Number): NA

Name & Clock number of Transporting Personnel (From Incident site to Infirmary) NA

(From Infirmary to Hospital) NA

Describe injuries: Attach additional sheets of same size, if necessary.

NA

If reporting employee was assaulted or injured, does he/she wish to file charges? ☐ Yes ☒ No

Description of reporting employee's injury and medical treatment received. NA

I certify the above information is true to the best of my knowledge.

Reporting Participant Signature <i>Scott Arp</i>	Date 8/19/17
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PD-DWA-12.01 requires each employee (including medical staff) involved in a Critical Incident to complete report form (CAJ-571).  
 The report shall be completed and submitted to the Shift Commander during the same shift the incident occurred.  
 When necessary, additional pages may be added to this report.

Exhibit 6 - Arp's Critical Incident Participant Report  
 MDOC 009